

Foster Family Home - Corrective Action Report

Provider ID: 1-110035

Home Name: Vincent Rayo, CNA

Review ID: 1-110035-7

2848 Kalihi Street

Reviewer: Pamela Perry

Honolulu HI 96819

Begin Date: 2/28/2020

Foster Family Home Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)- Home visit for a 3 person CCFFH recertification. Home in compliance with all requirements. Home will receive a 3 bedroom certification.


Compliance Manager


Primary Care Giver

2/28/2020
Date

02/28/2020
Date